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APPLICATION FOR MEMBERSHIP

American Pharmaceutical Association

Approving of its objectives, I hereby apply for active membership in the American Pharmaceutical Association and subscribe to the "Journal of the American Pharmaceutical Association." Enclosed is $____ for membership dues with subscription to the ☐ Practical Pharmacy Edition at $5; ☐ Scientific Edition at $6; ☐ Both Editions at $7.

Name in Full_____

Number and Street_____

Town_____ **State**_____

Graduate of_____ **Year**_____ **Degrees**_____

I am a registered pharmacist in _____ and am engaged or, in the case of retirement, was engaged as: __ Retailer, __ Wholesaler, __ Manufacturer, __ Drug Importer, __ Teacher, school official or librarian, __ Research Worker, __ Editor, __ Publisher, __ Representative, __ Pharmaceutical Chemist, __ Food and Drug Official, __ Hospital Pharmacist, __ Association Official, __ Pharmacist in Government Service, __ Student.

The applicant named above is recommended by the undersigned two members:

Name_____ **Name**_____

If the applicant is unacquainted with any member of the Association, the officers will aid in securing the necessary recommendations. This application, with the payment of dues for one year, may be sent to any member of the membership committee, the Secretary, or any officer of the Association.

Date_____ **E. F. KELLY, *Secretary*, 2215 Constitution Avenue, Washington 7, D. C.**